T-150 P0030/0031 F-995 FORM APPROVED

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED DENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 B. WING TN3311 11/13/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2700 PARKWOOD AVE NHC HEALTHCARE, CHATTANOOGA CHATTANOÓGA, TN 37404 SUMMARY STATEMENT OF DEFICIENCIES (X4) iD PROVIDER'S PLAN OF CORRECTION ΙĐ PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) N 831: 1200-8-6-.08 (1) Building Standards N 831 K 147 SS=D Continued: Monitoring Performance: (1) A nursing home shall construct, arrange, and 1. Administrator or designee will use a QA maintain the condition of the physical plant and monitor that will be developed to monitor the overall nursing home environment in such a patient rooms to ensure medical manner that the safety and well-being of the equipment is not plugged into extension residents are assured. cords and power strips. The QA monitor will be monthly for 2 months with results reported to the QA Committee consisting of Medical Director or Physician Designee. DON or Designee, ADM or Asst ADM, SW, This Rule is not met as evidenced by: Dietician and other team members. After Based on observation, the facility failed to 2 months of monitoring, QA frequency may maintain the building. be reduced depending on results. To be completed by: 12/30/12 The findings include: N 831 Observation on November 13, 2012 between the Corrective Action: times of 11:30 a.m. and 5:30 p.m. revealed that 1. The ceiling tiles identified that had water the facility's ceiling tiles throughout the building damage or stains will be replaced by: 12/30/12 have water damage and stains to them. Identifying Other Patients / Areas: This finding was acknowledged and verified by 1. No other areas were identified during the maintenance director during the exitthe survey,--conference on November 13, 2012. Measure & Changes to be taken: N1410 1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness None other than corrective action. N1410 above. (2) Physical Facility and Community Emergency Monitoring Performance: Plans. 1. Administrator or designee will use a QA monitor that will be developed to monitor (a) Physical Facility (Internal Situations). ceiling tiles for water damage and/or stains. The QA monitor will be monthly for Each of the following disaster preparedness: 2 months with results reported to the QA plans shall be conducted annually prior to the Committee consisting of Medical Director month listed in the plan. Drills are for the or Physician Designee, DON or Designee, purpose of educating staff, resource ADM or Asst ADM, SW, Dietician and determination, testing personnel safety provisions. other team members. After 2 months of and communications with other facilities and monitoring, QA frequency may be reduced community agencies. Records which document depending on results. To be completed by: and evaluate these drills must be maintained for 12/30/12 Division of Health Care Facility

LABORATORY DIRECTOR'S OR PROVIDENSUPPLIER REPRESENTATIVE'S SIGNATURE

XL5621

(XB) DATE

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING TN3311 11/13/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2700 PARKWOOD AVE NHC HEALTHCARE, CHATTANOOGA CHATTANOOGA, TN 37404 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) N1410 : Continued From page 1 N1410 at least three (3) years. N 1410 Corrective Action: (ii) External disaster procedures plan (for The facility will conduct an earthquake tornado, flood, earthquake), to be exercised prior drill as required. To be completed by: 12/30/12 to March, shall include: Identifying Other Patients / Areas: Staff duties by department and job All other disaster prepardness drills assignment; and, were conducted as required. Evacuation procedures. Measure & Changes to be taken: None other than corrective action. This Rule is not met as evidenced by: above. Based on record review and interview, the facility failed to exercise their annual earthquake drill. Monitoring Performance: When completed, results of the The findings include: earthquake drill will be reported to the QA Committee consisting of Medical Director Record review and interview on November 13. or Physician Designee, DON or Designee, 2012 at 11:30 a.m. confirmed that the facility ADM or Asst ADM, SW, Dietician and failed to exercise their annual earthquake drill. other team members. To be completed 12/30/12 This finding was acknowledged and verified by the maintenance director during the exit 🦠 conference on November 13, 2012.